



King County

## ***Direct Basic Health Plan Portion of Marijuana Excise Tax to Community-Based Behavioral Health Services***

*Updated October 20, 2014*

### **Request**

*The portion of marijuana excise taxes that are designated for the now-obsolete Basic Health Plan (BHP) under RCW 69.50.540(5)(d) should be redirected to community-based prevention, recovery support and treatment services for people with behavioral health conditions.*

#### **Marijuana Excise Taxes Designated to Behavioral Health via Basic Health Plan**

Voter approval of I-502 in 2012 removed state legal prohibitions against producing, processing, and selling marijuana, subject to licensing and regulation by the liquor control board.

As part of I-502 and marijuana legalization, approximately 10% of the new marijuana excise tax was designated to “evidence-based or research-based intensive community interventions shown to promote recovery and reduce the need for inpatient hospitalization” for persons with behavioral health conditions in the BHP. When the BHP was eliminated, the 10% set-aside never occurred, leaving the treatment need without any services or funding.

As laws are relaxed and greater access is provided, these revenues should be directed to support prevention and treatment services for people with mental illness and/or substance use disorders, as originally intended. Also, greater flexibility in the use of these funds would enable communities to respond more nimbly to local needs.

#### **Use Can Lead to Abuse, Especially for Youth**

According to the National Institute on Drug Abuse (NIDA), research shows that approximately 9% of those who use marijuana will become addicted. Individuals who first used marijuana as teens become addicted at a 17% rate, while 25-50% of those who use the drug daily end up abusing it.

Marijuana use among youth has also been on the rise. In 2012, more high school seniors used marijuana than cigarettes for the first time since 1981. And 62% of youth who have been admitted to treatment for substance abuse say marijuana is what got them started.

#### **Even Prior to Legalization, Treatment Needs Were Unmet Due to Funding Limitations**

The Washington State Institute for Public Policy (WSIPP), in its 2013 report on trends in marijuana use prior to legalization, used National Survey on Drug Use and Health (NSDUH) data to estimate that in our state, 5.9% of all youth ages 12 to 20, and 1.7% of adults age 21 and over, were not only using marijuana but abusing it. This amounts to about 130,000 people in Washington who needed treatment due to marijuana use – *before* legalization and easier access.

Public systems, which provide the majority of substance abuse treatment in Washington, only have the capacity to serve a small portion of this unmet need, due mostly to limited state funds. In fact, NSDUH data indicates that only 1 in 18 young people in our state who need treatment receive it.

#### **Growing Need for Prevention and Treatment is a Consequence of Marijuana Legalization**

Although not everyone who uses marijuana abuses it, access and prevalence are still increasing, and the addiction rate is significant. So it is expected that the need for prevention and treatment will grow even as resources for behavioral health services have been shrinking.

Because marijuana use can lead to harmful addiction or other negative effects for some users, it is necessary to use some revenue resulting from its legalization to provide more robust prevention and treatment services. The BHP portion of excise taxes were originally designated for these programs. A simple legislative fix could achieve the intended purpose of BHP funds by directing them to community-based prevention, recovery support, and treatment services for behavioral health.

For additional information, please contact:

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